

## APPENDIX TO PART B

### APPENDIX 1

#### Form of a Declaration of Security

##### DECLARATION OF SECURITY

Name of Ship:	
Port of Registry:	
IMO Number:	
Name of Port Facility:	

This Declaration of Security is valid from ..... until ....., for the following activities

.....  
(list the activities with relevant details)

under the following security levels

Security level(s) for the ship:	
Security level(s) for the port facility:	

The port facility and ship agree to the following security measures and responsibilities to ensure compliance with the requirements of Part A of the International Code for the Security of Ships and of Port Facilities.

The affixing of the initials of the SSO or PFSO under these columns indicates that the activity will be done, in accordance with relevant approved plan, by		
Activity	The port facility:	The ship:
Ensuring the performance of all security duties		
Monitoring restricted areas to ensure that only authorized personnel have access		
Controlling access to the port facility		
Controlling access to the ship		
Monitoring of the port facility, including berthing areas and areas surrounding the ship		
Monitoring of the ship, including berthing areas and areas surrounding the ship		
Handling of cargo		
Delivery of ship's stores		
Handling unaccompanied baggage		

Controlling the embarkation of persons and their effects		
Ensuring that security communication is readily available between the ship and port facility		

The signatories to this agreement certify that security measures and arrangements for both the port facility and the ship during the specified activities meet the provisions of chapter XI-2 and Part A of Code that will be implemented in accordance with the provisions already stipulated in their approved plan or the specific arrangements agreed to and set out in the attached annex.

Dated at .....on the .....

Signed for and on behalf of	
the port facility:	the ship:

*(Signature of Port Facility Security Officer)*

*(Signature of Master or Ship Security Officer)*

Name and title of person who signed	
Name:	Name:
Title :	Title :

Contact Details <i>(to be completed as appropriate)</i> <i>(indicate the telephone numbers or the radio channels or frequencies to be used)</i>	
for the port facility:	for the ship:

Port Facility

Master

Port Facility Security Officer

Ship Security Officer

Company

Company Security Officer